

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/596866

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2			/			
3			/			
4	3		/			
5	0		/			
6	0		/			
7	0		/			
8	0		/			
9	/		/			
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TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	12	↑	10	↑		↑
TOTAL CLAIMS	14		12			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.					↓	
TOTAL DEP.					↓	
TOTAL CLAIMS					↓	